

ACTION AF-00

INFO	LOG-00	NP-00	AID-00	USNW-00	CA-00	CEA-01	CIAE-00
	COME-00	CTME-00	INL-00	DODE-00	ITCE-00	DATE-00	DS-00
	EB-00	EXME-00	E-00	FAAE-00	UTED-00	VC-00	FRB-00
	H-00	TEDE-00	INR-00	IO-00	LAB-01	VCE-00	AC-00
	NSAE-00	NSCE-00	OES-00	OMB-00	NIMA-00	GIWI-00	ACE-00
	SGAC-00	SP-00	SSO-00	SS-00	STR-00	TRSE-00	EVR-00
	FMP-00	BBG-00	IIP-00	DSCC-00	PRM-00	DRL-00	G-00
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TAGS: [ECON](#) [PREL](#) [EAID](#) [KHIV](#) [BC](#) [HIV](#) [AIDS](#)

SUBJECT: Poverty's Impact on the Spread of HIV/AIDS in Rural Botswana

REF: (A) GABORONE 953 (B) GABORONE 1180

¶1. Summary: The poor remain the hardest hit by the scourge of HIV/AIDS in Botswana. It is commonly accepted that since HIV/AIDS impacts the most productive members of society, there will be a concomitant reduction in economic growth (ref A), and potentially an increase in the number of people living in poverty. Yet poverty and the challenges facing the poor contribute directly to the spread of the disease as well as the ability of people to access healthcare services and information. According to local government officials, NGOs, and private individuals across Botswana, the rural poor face a range of challenges, including inadequate access to transportation, unemployment, alcohol abuse, and a failure to translate knowledge of HIV/AIDS into behavior change, that contribute to the spread of the disease. End summary.

Lack of Transportation Impedes Treatment and Testing

¶12. A lack of transportation options for the rural poor presents a significant impediment for patients in need of accessing HIV/AIDS testing and treatment facilities. The chief nurse from the local health clinic in the northern village of Nata told Econoff and Pickering Fellow that HIV/AIDS patients must go to the regional hospital regularly for updates and assessments of their condition and determination of whether or not they need anti-retroviral (ARV) therapy treatment. Lacking their own private transportation, patients must rely on a clinic minibus.

¶13. The bus makes only two trips a week to that hospital, however. Catching the mini-bus typically requires patients to make a long walk to the village center. The local government's community and social development officer in Nata, claiming a 50 percent HIV infection rate, complains that the minibus is too small, thereby severely restricting access to treatment. Fear of stigma also deters treatment. According to the nurse, since the small bus has come to be known around town as the "AIDS bus," many people are reticent to queue in public for the trip to the hospital. She said many fail to test and receive ARV treatment due to their lack of private transportation and thus, exposure to this stigmatization.

¶14. Lack of transportation also makes it difficult for health workers to reach home-based care patients and distribute information in remote areas. According to the district council staff in Ghanzi district, there are 352 identified Mobile Stops serviced by government nurses. These Mobile Stops include remote villages where meetings are often held under a tree for lack of sufficient meeting space. The difficulty inherent in reaching these remote areas without adequate transportation resources reduces the ability to regularly visit the sites, often leaving infected persons in severe condition.

¶15. Compounding the problem of transportation is a nationwide shortage of nurses. The Council Secretaries in the western and northern villages of Ghanzi and Maun both declared their urgent need for more nurses. They claimed that many of the most qualified are now leaving Botswana for higher paying positions in developed countries. The Council Secretary in Maun added that it

is even more difficult to recruit nurses to live in remote areas due to inadequate provision of services, including housing and electricity, and the isolation of the positions.

Unemployment, Inactivity and Alcohol Abuse

16. An extremely high rate of unemployment in rural areas (ref B), anecdotally estimated at near 70 to 80 percent, means there is a high degree of inactivity among rural Basotho and the ethnic minority Basarwa/San people. This, coupled with a high degree of alcohol abuse in Botswana, can be a significant contributing factor to the spread of HIV. Alcohol abuse can both increase the potential for contraction of HIV by altering behavior patterns and inhibit efforts to treat the disease. Concern about the widespread abuse of alcohol was a consistent theme in meetings with local officials in villages across Botswana, including Nata, Tsabong, Maun and Gaborone.

17. Ms. Lilian Costa, the director of Bana Ba Letsatsi, an NGO in Maun that works with dropout students and street children, described the widespread alcohol abuse of both parents and children as a major contributing factor to both the spread of HIV/AIDS and poor school

attendance. Many students, she said, also sniff glue as a distraction and typically engage in sexual activity at extremely early ages. Mr. Makwati, the manager of Permaculture Trust, an NGO that works on community development programs for the Basarwa/San, said, "Alcoholism among the Basarwa is terrible" and is the direct result, he opined, of inactivity and unemployment.

18. The police captain in Nata stated that alcohol and drug abuse, mixed with a lack of employment options for young people, has contributed to an increase in both rape and sex prostitution in the village. He told Econoff that he regularly responds to accusations of rape involving young women from the village and truck drivers, which he attributes more to the drivers' unwillingness to pay for the service rather than legitimate cases of sexual abuse. He credited this sex trade with contributing to the extremely high rate of infection in Nata.

Knowledge Without Action

19. In a positive sign, knowledge of HIV/AIDS appears to be widespread in Botswana, even in rural areas. HIV/AIDS education is incorporated into the primary school curriculum, and all clinics and hospitals engage in extensive outreach programs, while billboards, radio and television regularly discuss the devastating impact the disease is having on Botswana. The Deputy Council Secretary in the southwestern district of Tsabong, Mr.

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Mwalefe, told Econoff that in his opinion there is 100 percent awareness of the disease.

10. The social and community development officer in Nata agreed that the vast majority of people are aware of the disease, its causes and treatment options. He said, however, that awareness has not translated into changes in behavior. For example, the nurse in charge of the Prevention of Mother to Child Transmission program in Nata lamented that nearly half of the women in the program are repeat customers and are now on at least their second HIV positive pregnancy, despite knowing their children will be at risk of infection.

Conclusion

11. Unemployment, inadequate access to transportation, alcohol abuse, and a refusal to change patterns of behavior are probably just a few of the factors contributing to the spread of HIV/AIDS and the failure of those infected and affected to obtain treatment and care. Meanwhile, HIV/AIDS adds to the pressures on the poor by forcing them to divert resources away from productive enterprises towards health and funeral expenses, and often by removing the most productive members of families, exacerbating the economic condition of those affected. This mutually degenerative cycle will continue to spiral downward without greater emphasis on and government attention to the link between poverty and HIV/AIDS.

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